

# Welcome To Perspectives

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# We've Used "A User's Manual For The IOM's 'Quality Chasm' Report" As A Template

- "In its current form, habits, and environment, American health care is incapable of providing the public with the quality health care it expects and deserves."
- Addresses change needed across the health care system



# The Report Aims For Improvement In Six Dimensions of Healthcare Quality

- Safety
  - Free from injury by the healthcare system
- Effectiveness
  - Care based on evidence
- Patient-centeredness
  - Honor patient preferences for care
- Timeliness
  - Reduced delays for patients and providers
- Efficiency
  - Reduced waste
- Equity
  - Close racial and ethnic gaps



# Change Must Occur At Four Different Levels

- Level A
  - Patient experiences
- Level B
  - Small units of care delivery (microsystems)
- Level C
  - Organizations supporting microsystems
- Level D
  - External factors shaping behavior and interests



# Patient And Family Experiences Are The Centerpiece

- Improvement aims are patient centered
- Link quality issues to what really counts
  - Patient experiences
  - Cost
  - Social justice



# Major Changes Will Be Required At The Delivery Level

- Care should be based on knowledge
  - Value evidence over experience
  - Make information available
- Care should be patient centered
  - Patients control their own care
  - Increased transparency and accountability
- Systems approach to care
  - Crossing traditional boundaries
  - Requires cooperation not territorialism



# Our Organizations Must Respond

- Better systems to implement and reward best practices
- Improved information technology
- Increased workforce competency, knowledge and skills
- Reward teamwork and effective teams
- Increased care coordination
- Better measures of performance and outcomes



# The Healthcare Environment Must Support Organizations

- The external environment is complex and occasionally counterproductive
  - Financing
  - Regulation and accreditation
  - Litigation
  - Professional education
  - Social policy





# Our Laboratories Must Support The Agenda For Change

- Laboratory medicine is at the hub of clinical practice
  - Patients depend on laboratory results
  - Microsystems use laboratory findings to guide decision making
  - Organizations use laboratory results to assess quality and assure quality patient care



# We've Given Our Presenters An Impossible Task

- Perspectives presenters
  - The Perspective of the Stakeholder group
  - Personal Experience from their Group, Patients, Practice Examples
  - Solutions related to patient safety and laboratory – expectations particularly at the laboratory clinical interface
  - Solutions and suggestions?



# Our Perspectives Presenters

- Linda McKibben, MD, MPH
  - *Medical Officer, CDC NCID Division of Healthcare Quality Promotion*
- Nancy Green, MD
  - *Medical Director, March of Dimes*
- Matthew Weinger, MD
  - *Professor of Anesthesiology, UCSD*
- Nancy Foster
  - *Senior Associate Director, American Hospital Association*
- Mark Hiepler, JD
  - *Hiepler and Hiepler*



# We've Given Our Panelists An Impossible Task

- Laboratory Stakeholder Reactors
  - Will the presenters' recommendations and expectations work from the laboratory's standpoint?
  - Are the requests and expectations reasonable in today's laboratory? Are there some changes to laboratory practice that would facilitate meeting these expectations?
  - Are there other issues, problems, concerns at the laboratory-clinical interface as related to the stakeholder group?
  - Do you see any issues at the interface between stakeholder groups?
  - Solutions and suggestions?



# Our Laboratory Stakeholders

- Peter J. Howanitz, MD
  - *SUNY Downstate – Hospital Laboratories*
- Myla Lai-Goldman, MD
  - *LabCorp -- Reference Laboratories*
- Kim Hetsko, MD
  - *AMA/COLA -- Physicians' Office Laboratories*
- Lou Turner, DrPH, MPH, HCLD
  - *North Carolina State Public Health Laboratory*
- Mario Plebani, MD
  - *Servizio de Medicina di Laboratorio, Italy*

